



Fall 2007

Peace Corps Times



Our Health Edition—
Endorsing the Notion
that "Every Day is
AIDS Day"

Volunteers Make Hearth Model Work

In this edition we address health issues—those faced by the communities in which Volunteers live, and those faced by Volunteers themselves as they adjust to local living conditions in their communities overseas.

We begin here with a health issue that affects everyone in local communities—malnutrition in young children. More than one-quarter of all children under five in the developing world are underweight due to an inadequate or improper diet. Malnutrition can be severely harmful to the physical and mental development of a child. In addition to stunting growth, malnutrition saps a child's ability to resist infection and increases the risk of death from common childhood illnesses such as diarrhea and respiratory infections.

However, when children receive a balanced, adequate diet, they are much better able to ward off illnesses, and have a better chance of surviving and thriving.

Peace Corps health advisors want to raise awareness of a model for combating malnutrition in young children called the *Hearth* model that PCVs throughout the world are currently using with great success.

THE HEARTH PROGRAM

The "Hearth Nutrition Model/Positive Deviance" (the *Hearth*) is one of the most promising nutrition interventions for the rehabilitation of malnourished children. It was introduced in Haiti in the 1980s and has been replicated by nongovernmental organizations in Bangladesh, Mozambique, Tanzania, and Vietnam. In 1997, Africare launched the *Hearth* in Guinea where rates of malnutrition were as high as 30 percent. Findings from the *Hearth* in Guinea revealed that 85 percent of children participating in the program gained weight (had adequate growth or catch-up growth) after just two weeks. Moreover, qualitative studies suggest that mothers who participate in the *Hearth* continue to practice the positive childcare and feeding behaviors even after the *Hearth*.

What is a "Positive Deviant?"

Positive deviance is defined as the departure from a traditional way of doing things to a way that is more beneficial, desirable and successful. The *Hearth* model solves problems in communi-

ties by identifying "positive deviants" or those within the community who are already doing things right. That person's methods are examined, and they are then asked to replicate what they do in the audience of others in the community. The approach is based on the premise that some solutions to community problems already exist within the community and simply need to be discovered.

Using the typical *Hearth* model, a "model mother" with healthy children would be identified and would guide other mothers, accompanied by their young children, through a series of cooking and hygiene sessions once a day for 12–14 days. The young children are weighed and measured at the beginning of each session to determine weight gain from improved diet and hygiene. This information is recorded on growth chart so mothers can understand their children's progress over the course of the sessions. The model mother then teaches the other mothers present a new recipe, and sessions typically end with all of the children present eating a big serving of a porridge or some other tasty and nutritious new food.



Helena Hart, an education Volunteer in Benin (2000-03), admires a mother's new babies.

The mothers exchange ideas as well as cooking recipes during the sessions, and the model mother talks about the effects of certain practices on the health of their children. A health worker, sometimes a Volunteer, is often present to answer questions and provide clarification on common health issues and concerns.

Hearth Goals

Immersed in their communities and equipped with cross-culture skills and language abilities, Volunteers are well-suited to carry out *Hearth*. The approach leverages local resources and requires little or no outside funding; instead, it promotes ownership and active engagement by the community. Recipes are developed that use low-cost ingredients that are easily obtained, grown, or gathered in the local environment. Those who have already implemented the *Hearth* model in their communities describe it as quick, affordable, participatory, indigenous, culturally acceptable and sustainable.

Unlike many interventions designed to improve child nutrition, the *Hearth* approach presents Volunteers and their communities with immediate and tangible results. Children usually show weight gain and an increase in energy during the first two weeks, which motivates mothers to attend sessions regularly and to embrace positive new practices and behaviors.

Hearth interventions can also be a starting point for other activities and serve as a catalyst for new work ideas. A fixed strategy to address child nutrition, for example, can be developed with local health personnel based on the information gathered during the project.

With a little creative thinking (and just leave it up to PCVs to get creative), the principles of the *Hearth* model might also be applied to issues in other Peace Corps working sectors, such as education, natural resource management, youth, or business development.

Three *Hearth* Goals

1. To quickly rehabilitate malnourished children identified by the community.
2. To enable families to sustain rehabilitation of children at home on their own.
3. To prevent future malnutrition among all children in the community by changing community norms in child care, feeding practices, and health-seeking practices.

"Behavior change is a process. Even if a woman rejects my information today, when it comes time for that woman's daughter to hear the information it will not be such a foreign concept."

Cathleen Prata, PCV Mali

Peace Corps' Niche in Malaria Control

"By standing with the people of Africa in the fight against malaria, we can help lift a burden of unnecessary suffering, provide hope and health, and forge lasting friendships."

President George W. Bush at a Malaria Awareness Day Event, April 24, 2007

Malaria Preys Upon Vulnerable Populations

Malaria, the disease transmitted by parasites living in the saliva of mosquitoes, is a real killer. In sub-Saharan Africa alone, malaria kills 1 million infants and children under age five every year—approximately one child every 30 seconds.

Very young children, pregnant women, and people living with HIV/AIDS are at highest risk for malaria morbidity and mortality due to weak or limited immunity. Adult and child deaths and sickness due to malaria occur for many complicated reasons, many rooted in poverty, such as affordability of health services and products, accessibility to healthcare, and quality of healthcare.

While working in the area of malaria prevention and control is an important part of some Peace Corps health projects, it may require more creativity than other health activities for a number of reasons.

For example, there may be fewer resources/tools to help facilitate the work; there may be challenges making the cause (mosquito) and effect (malaria) association; and most interventions have costs associated with them. Nevertheless, since malaria is such a devastating and endemic problem in many of the countries where the Peace Corps works, community health projects have responded to the call to action to fight malaria.

Peace Corps Volunteers, filling a needed niche in grassroots community-based education, have carried out salient health education activities focused on malaria. And by helping to build and strengthen the capacity of health facilities and organizations, Peace Corps Volunteers have also contributed to efforts to address malaria.

What Volunteers are Doing

MALI

Twelve Volunteers work with their communities on building soak-pit and washing areas to eliminate standing water, thereby reducing potential breeding ground for mosquitoes. As a result, 201 soak pits, seven cement washing areas, four animal washing troughs, and 20 hand-washing stations have been built throughout Mali.

Through group and individual conversations, several Volunteers have provided information about the dangers of malaria and methods of prevention. As a result, 850 community members have been educated about how malaria is spread and trained to eliminate standing water.

MALAWI

Peace Corps Volunteers mobilized communities to purchase bed nets at subsidized prices for ante-natal mothers and



Laura Bassett, Volunteer in Uganda (left), discusses the dangers of malaria and promotes prevention techniques such as the regular use of mosquito nets.

mothers with children younger than five years of age. As a result, 800 community members are using bed nets for malaria prevention. A project called "Nets for Test" begins this year to create a justifiable incentive for encouraging HIV/AIDS testing because it will also protect a vulnerable population from being infected with malaria.

The project's vision contains three components: 1) four extensive group trainings to create educated people in the field of malaria and HIV/AIDS; 2) free mosquito net distribution to those who get tested for HIV/AIDS; and 3) five to 10 campaigns to promote the projects and create awareness of health issues in the community. The project plans to distribute mosquito nets to at least 4,000 people. Volunteers in health education are also stressing the dangers of malaria.

TOGO

Peace Corps Volunteers helped health personnel organize and carry out an integrated campaign against malaria and vaccination against measles. Numerous mothers got mosquito nets and children were immunized against measles. Volunteers also continue health talks on malaria prevention with women during infant growth monitoring, prenatal consultations and vaccination sessions at rural dispensaries. Some have been participating in the ongoing training of community health workers (CHWs) in the community-based care of malaria cases. Trained CHWs are provided with tablet packs of Coartem® and Paracetamol, the new treatment adopted by the Ministry of Health in Togo to treat malaria cases in remote villages.

MALARIA—THE LATEST

New Legislation, Malaria Control and More...

Global Fund Increased to Fight HIV/AIDS, Malaria, Tuberculosis

On September 26, 2007, United States Government transmitted a contribution of \$531 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria as part of its ongoing commitment to stem the tide of these three diseases. This brings the cumulative total of the American people's investment in the Global Fund to over \$2.5 billion since the fund's inception in 2001.

The U.S. Government is the largest contributor to the Global Fund. This latest contribution, provided through the President's Emergency Plan for AIDS Relief (PEPFAR), is the largest sum ever provided to the Global Fund and represents the U.S. Government's ongoing commitment to combat these three diseases.

Use of DDT

The World Health Organization (WHO) announced this spring that the use of DDT for indoor residual spraying in malaria endemic countries throughout Africa is recommended.

Indoor residual spraying is the application of long-acting insecticides on the walls and roofs of houses and domestic animal shelters in order to kill malaria carrying mosquitoes that land on these surfaces. The U.S. Agency for International Development has since endorsed the indoor spraying of DDT to battle malaria in sub-Saharan Africa.

Research has demonstrated that a well-managed indoor residual spraying program using DDT does not pose harm to wildlife or to humans.

South Africa Opens International Biotechnology Centre

The International Centre for Genetic Engineering and Biotechnology was officially opened in Cape Town on September 8, 2007, by South African President Thabo Mbeki.

The center is expected to make an important contribution to biotechnology research and development in Africa. The primary focus will be on infectious diseases such as HIV/AIDS, malaria, tuberculosis, and hepatitis, but also on chronic and genetic diseases. Plant biotechnology research aimed at improving the staple crops essential for the African population will also be pursued.

Intermittent Preventive Treatment for Infants

Recent research in Tanzania has demonstrated that treating infants with sulphadoxine/pyrimethamine (SP) at two months, three months, and nine months of age, at the time of routine immunization, reduces episodes of clinical malaria by 60 percent, and episodes of severe anemia by 50 percent.

It is likely that WHO will formulate a policy on coupling intermittent preventative treatment with an expanded program on immunization programs in the near future.

For PCVs, Every Day is World AIDS Day



Julie Silvernail, Youth Development Volunteer in Paraguay, visits a patient

For nearly 20 years, the global response to HIV/AIDS has been commemorated on December 1—World AIDS Day. This international day of action has served as a platform for focusing attention on the devastating effects of HIV/AIDS, and an opportunity for all sectors of society—families, communities, and governments—to demonstrate the importance of being involved in the global response to HIV/AIDS. But for the thousands of Peace Corps Volunteers across the world, every day is the time for action and attention to HIV/AIDS.

The number of people living with HIV has never been higher. In 2006, an estimated 39.5 million people world-

wide were living with HIV/AIDS. Every region of the world has been affected by this disease. Varying risk factors and cultural norms are driving HIV rates in areas where the disease was relatively unknown just a decade ago. While sub-Saharan Africa remains home to about two-thirds of the people living with HIV/AIDS worldwide, many other parts of the world are facing the serious consequences of this growing epidemics. For example, the number of people living with HIV/AIDS in Eastern Europe and central Asia has increased nearly 70 percent since 2004. In Latin America, the combination of high-risk behavior and widespread stigma are major contributors to the

epidemic, with 26 percent of the region's HIV infections in 2005 occurring in men who have sex with men.

Over the past several years, funding for prevention, treatment, care, and support activities in developing countries has increased tenfold. The Peace Corps, with its cross-sector grassroots approach to development, has been an integral and unique component of national responses to the epidemic. Nearly 90 percent of Peace Corps posts conducted HIV/AIDS activities in 2006, and 55 percent of all Volunteers reported working on HIV/AIDS activities in a 2006 Peace Corps survey (up from about 23 percent in 2004).

One of the major global initiatives in response to HIV/AIDS is the President's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR is the largest global health initiative directed at a single disease that any nation has ever undertaken. In January 2003, the U.S. government announced this initiative, through which it pledged \$15 billion over a period of five years, for prevention, treatment, and care interventions. PEPFAR touches on the 15 countries that are home to 80 percent of the people requiring treatment. To date, PEPFAR has already exceeded its original promise of \$15 billion, and pending approval of President Bush's FY 2008 budget request, this initiative will reach a total investment of \$18.3 billion over five years.

The Peace Corps has been an implementing partner of PEPFAR since 2004, and nearly one-third of Peace Corps posts have leveraged PEPFAR funding

to expand and strengthen Volunteer training and HIV interventions. PEPFAR funds have been used to increase the number of Volunteers and Crisis Corps Volunteers working in HIV/AIDS, expand HIV/AIDS programming into new areas, and strengthen technical training for Volunteers and their host country counterparts.

During the past four years, beneficiaries reached by Volunteers' HIV/AIDS activities have nearly tripled; more than 1 million individuals were reached in 2006. In that same year, Volunteers trained over 84,000 HIV/AIDS service providers and assisted nearly 4,000 organizations involved in HIV/AIDS.

As the global response transforms from crisis management to a more strategic, sustainable approach, HIV/AIDS will remain a top priority for the Peace Corps. In November 2005, the Peace Corps Office of AIDS Relief was created to provide policy guidance, leadership, direction, and coordination of the agency's domestic and foreign HIV/AIDS activities. The office continues to update and improve programming, training, and support for Volunteers in the field. For example, the agency recently published an HIV/AIDS training resource guide designed to provide Volunteers with state of the art HIV/AIDS training at pre-service and in-service training.

It is the perseverance and ingenuity of the thousands of dedicated Volunteers, however, that makes the Peace Corps a force in the global response to HIV/AIDS.

agency NEWS

Two New Websites: Teens and 50+

On September 6, Peace Corps Director Ron Tschetter unveiled the Peace Corps' 50+ web site at the annual AARP convention in Boston, Mass. The other website is designed to recruit "baby boomer" Americans by providing them with profiles of 50+ Volunteers, as well as answers to pertinent questions about becoming a Volunteer later in life: www.peacecorps.gov/50plus

In July, Deputy Director Dr. Jody K. Olsen announced the launch of Peace Corps' new website geared specifically for teenagers. The website bridges the gap between the Peace Corps' main website and the Web content geared toward kids. The website promotes current volunteerism in local communities as well as future Peace Corps service: www.peacecorps.gov/teens.

These two new sites target specific and unique audiences for the Peace Corps.

Laura Bush in Mozambique and Zambia

In June, First Lady Laura Bush visited Mozambique and participated in a roundtable panel that discussed a project coordinated by Peace Corps Volunteers that helps to prevent HIV and provide technical and financial support for girls' groups in schools. During her visit to Zambia, the First Lady gave a speech in which she emphasized the Peace Corps and its importance in creating goodwill.

U.N. Secretary-General Visits Peace Corps

October 12, 2007—Peace Corps Director Ron Tschetter welcomed the Secretary-General of the United Nations, Ban Ki-moon, to speak to Peace Corps staff as part of the Loret Miller Ruppe Speaker Series on Friday, October 12. The Loret Miller Ruppe series serves as a forum for distinguished individuals to speak about issues related to the Peace Corps' mission, such as volunteerism, international peace and development, and public service. "Let me pay tribute to thousands of Peace Corps Volunteers who work around the world in 139 countries," said Secretary-General Ban Ki-moon during his speech. "Peace Corps has provided invaluable, critical support for the United Nations' Volunteers. Together, we can work toward results. Together, we can pursue our joint mission for a peaceful and prosperous, just world."

Volunteer Numbers Reach 37-Year High

Volunteers and Trainees...	8,079
Gender	59% female, 41% male
Marital Status	93% single, 7% married
Minorities	17% of Volunteers
Age	Average: 27 years old Median: 25 years old
Volunteers over 50	5% of Volunteers
Education	95% have at least an undergraduate degree 11% have graduate studies or degrees

HIV/AIDS Timeline

Activities Around the World
from 1981-Present

1981 *The New York Times* publishes the first news article about the mysterious new disease. Initial use of the term gay-related immune deficiency (GRID) or “gay cancer” by the media and others mistakenly suggests an inherent link between homosexuality and the new disease. **1982** The Centers for Disease Control and Prevention (CDC) establishes the term “acquired immunodeficiency syndrome” (AIDS). **1983** A major outbreak of AIDS among both men and women in central Africa is reported. The CDC adds female sexual partners of men with AIDS to its list of “risk groups.” Two doctors in France isolate a new retrovirus from a patient with AIDS symptoms. AIDS cases have now been reported in 33 countries. **1984** Scientists conclude that AIDS is caused by a new retrovirus, which they later name the human immunodeficiency virus (HIV). U.S. Department of Health and Human Services Secretary Margaret Heckler predicts an AIDS vaccine will be ready for testing within two years. **1985** The federal government licenses an HIV antibody test, and screening of the U.S. blood supply begins. Ryan White, a 13-year-old hemophiliac with AIDS, is barred from school in Indiana. The first International AIDS Conference is held in Atlanta. The U.S. Department of Defense announces it will begin testing all new recruits for HIV infection and will reject those who test positive. AIDS has now been reported in 51 countries and on every continent except Antarctica. **1986** The first controlled efficacy trial of AZT is undertaken by the National Institutes of Health. The first panel of the AIDS Memorial Quilt is created in San Francisco. **1987** Approved in record time, AZT becomes the first anti-HIV drug approved by the Food and Drug Administration (FDA), and at \$10,000 for a one-year supply, AZT is the most expensive drug in history. The CDC launches a new nationwide public information campaign, “America Responds to AIDS.” The U.S. government bars HIV-infected immigrants and travelers from entering the country. **1988** The World Health Organization (WHO) designates December 1 as World AIDS Day. **1990** To date, nearly twice as many Americans have died of AIDS as died in the Vietnam War. Ryan White dies of AIDS. **1991** The CDC reports that 1 million Americans are infected with HIV. Earvin “Magic” Johnson announces that he is infected with HIV. The red ribbon is introduced as a symbol of hope and compassion in the face of AIDS. WHO estimates that nearly 10 million people are infected with HIV worldwide. **1992** Both the Democratic and Republican national conventions are addressed by HIV-positive women. The first clinical trial of combination antiretroviral therapy begins. President Clinton establishes a new White House Office of National AIDS Policy. **1993** In major U.S. cities, sexual transmission surpasses drug injection with contaminated needles as the leading cause of HIV infection among women. AIDS patients start to show signs of resistance to AZT. Tom Hanks wins an Oscar for his role as a gay man with AIDS in the film *Philadelphia*. **1994** Drs. David Ho and George Shaw show that following initial infection HIV replicates in the body continuously, producing billions of copies each day. 1995 AIDS deaths in the U.S. reach an all-time high. **1996** The United Nations Programme on AIDS (UNAIDS) is established to coordinate a global response to the pandemic. For the first time since the start of the epidemic, the number of Americans dying from AIDS declines, dropping 23 percent from the previous year. The decline is attributed primarily to the success of the new combination therapies. The U.N. estimates that 22.6 million people are infected with HIV and 6.4 million people have died of AIDS worldwide. **1997** President Clinton calls for the development of an AIDS vaccine by 2007. **1999** In over 27 countries, the HIV infection rate has doubled since 1996. More than 95 percent of all HIV-infected people now live in the developing world, which has experienced 95 percent of AIDS deaths to date. Experts estimate that at least half of all new HIV infections occur among young people under the age of 25. The XIII International AIDS Conference in Durban, South Africa, focuses world attention on the exploding epidemic in sub-Saharan Africa, where millions of people with HIV/AIDS have little or no access to medical treatment. **2001** Indian drug-maker Cipla announces it will sell triple-drug therapy for \$350 per patient per year to Médecins Sans Frontières and directly to poor nations, prompting several major pharmaceuticals to lower prices. (In the U.S., the annual cost of combination therapy averages between \$10,000 and \$15,000.) **2002** The Global Fund to Fight AIDS, Tuberculosis, and Malaria—a partnership between government, civil society, the private sector, and affected communities—is established. AIDS is the leading cause of death worldwide among people age 15 to 59. UNAIDS reports that women now comprise about half of all adults living with HIV/AIDS worldwide. **2003** During his State of the Union address, President George W. Bush announces his Emergency Plan for AIDS Relief (PEPFAR), a five-year, \$15 billion initiative to fight HIV/AIDS, primarily in Africa and the Caribbean. **2004** A United Nations report warns of the growing AIDS crisis in Eastern Europe and the former Soviet Union. Fifteen million children worldwide have lost one or both parents to HIV/AIDS. **2005** The CDC reports that more than 1 million Americans are living with HIV/AIDS. Nelson Mandela announces the death of his son from AIDS-related complications. A new report released by the WHO and UNAIDS shows that the number of people on HIV antiretroviral treatment in developing countries has more than tripled since 2003, to 1.3 million. UNAIDS estimates that more than 40 million people are living with HIV worldwide. **2006** For the first time, the number of individuals reached by Peace Corps Volunteers’ HIV/AIDS activities in a single year surpasses 1 million. **2007** President Bush announces that PEPFAR has supported treatment for 1.1 million people in 15 countries, and proposes a reauthorization of the PEPFAR legislation with a commitment of \$30 billion over 5 years.

A Snapshot of Volunteers’ HIV/AIDS Activities Across the Globe...

ARMENIA

Volunteers conducted three-day seminars dedicated to World AIDS Day, followed by an AIDS awareness poster contest among youth. The posters were displayed at the National AIDS Center.

DOMINICAN REPUBLIC

Volunteers across all sectors received training in the locally produced “I Choose Life” life skills and HIV/AIDS prevention strategy and trained peer educators to promote healthy decisions among youth.

ECUADOR

Crisis Corps Volunteers worked with the Red Cross and a local nongovernmental organization to strengthen their HIV pre- and post-test counseling program, trained health

promoters to improve their facilitation techniques regarding HIV/AIDS education, and worked with youth leaders in HIV/AIDS awareness.

GHANA

Volunteers established Girls and Abstinence clubs focused on empowerment and decision-making skills. Volunteers also trained peer educators to teach HIV/AIDS messages to schoolchildren.

MACEDONIA

Volunteers conducted sessions on preventing HIV/AIDS and other sexually transmitted illnesses during girls’ and boys’ leadership camps.

Test Your Knowledge of HIV/AIDS

1. Over the past two years, which area of the world has experienced the largest increase in HIV?

- a. Sub-Saharan Africa
- b. Eastern Europe, and Central Asia
- c. Inner cities of the United States

2. When and where were the first cases of patients with AIDS reported?

- a. 25 years ago in the United States
- b. 35 years in South Africa
- c. 50 years ago in Central Africa

3. Which Peace Corps sectors incorporate HIV/AIDS activities?

- a. Health and education
- b. Health, education, and small business development
- c. All Peace Corps sectors

4. Worldwide, how many people become newly infected with HIV each day?

- a. 1,000
- b. 11,000
- c. 40,000

5. Young people (under the age of 25) account for ___ percent of all new HIV infections.

- a. 25 percent
- b. 50 percent
- c. 90 percent

6. Which city has the highest rate of HIV infection?

- a. Dakar, Senegal
- b. Washington, D.C.
- c. Tunis, Tunisia

7. Between 2001 and 2005, the number of people on anti-retroviral therapy (drugs that can dramatically extend the life of a person infected with HIV) in low and middle income countries has...

- a. decreased by 30 percent
- b. not changed
- c. increased fivefold

b. From 2004 to 2006, the number of people newly infected with HIV in Eastern Europe and Central Asia increased almost 70 percent. In terms of prevalence, Africa is the most-affected region of the world followed by the Caribbean. For more information on regional trends in HIV, visit the "Regions" section of the UNAIDS website: www.unaids.org/en/Regions_Countries/default.asp

a. In 1981, The Centers for Disease Control and Prevention reported five cases of a rare pneumonia and immune system depression among gay men in Los Angeles. This was the first medical description of what would come to be known as AIDS (Acquired Immune Deficiency Syndrome).

c. HIV/AIDS is not just a health issue, but a development one that affects all areas of society. Peace Corps Volunteers in all sectors incorporate HIV/AIDS activities and messages into their work. To learn more about the ways in which HIV/AIDS affects development, please visit the "HIV Impact" section of the UNAIDS website: www.unaids.org/en/Issues/Impact_HIV/default.asp

b. Every day, 11,000 people become newly infected with HIV, and 8,000 people die of AIDS-related causes. The number of AIDS related deaths is the equivalent of 20 jumbo jets crashing every day, killing all passengers on board. For more information on global HIV/AIDS statistics, please visit the "Epidemiology" section of the UNAIDS website: www.unaids.org

b. UNAIDS estimates that people aged under 25 years account for half of all new HIV infections. Young people are both the most threatened and the greatest hope for turning the tide against AIDS. Experience proves that the future of the epidemic will be shaped by their actions. For more information on how young people are affected by HIV/AIDS, please visit "HIV/AIDS and Children" section of UNICEF's website at: "<http://www.unicef.org/aids/index.php>"<http://www.unicef.org/aids/index.php>

b. Washington, D.C. has the highest rate of new HIV/AIDS cases in the United States- a rate that is ten times the national average.

c. Since 2001, the number of people in low- and middle-income countries on antiretroviral drugs increased fivefold, reaching 1.3 million in December 2005. According to the WHO, the number of treatment sites providing antiretroviral drugs increased from roughly 500 in June, 2004 to more than 5,000 by the end of 2005. For more information on progress made in prevention, care, and treatment, see chapter 3 of the UNAIDS/ WHO AIDS Epidemic Update at: http://www.unaids.org/en/HIV_data/epi2006/default.asp.

MAURITANIA

Volunteers worked with businesses and groups of people living with HIV/AIDS to develop and market Cereamine, a locally produced high-energy flour made from corn, beans, rice, millet, and peanuts.

MONGOLIA

Volunteers trained social workers to facilitate life-skills trainings, and over 800 youth participated in school-based life-skills clubs.

MOROCCO

Volunteers educated rural health workers, youth, and women in HIV/AIDS prevention methods and promoted appropriate disposal of hazardous medical waste in health centers.

SAMOA

Volunteers worked closely with local NGOs, such as the Samoa AIDS Foundation, to build institutional capacity in database management, marketing, publicity, and fundraising.

SOUTH AFRICA

Volunteers supported HIV/AIDS-related NGOs in developing systems and processes for project development, monitoring, and evaluation.

UKRAINE

Volunteers organized HIV/AIDS Resource Centers in secondary schools with materials in Ukrainian and English.

Downward Dog in Costa Rica

By Kelly Rego, PCV Costa Rica

When I discovered yoga over five years ago, I knew that it would be something that I would practice and keep with me forever. The key to yoga is simplicity. Even in practice, a mat and clear mind are all you need. The emphasis on breathing and mental stability forces you to focus on yourself as a whole rather than mindlessly performing a purely physical exercise.

As a Peace Corps Volunteer, yoga is a personal tool I brought with me (that did not take up space in my luggage), and has become something I share with my community. Through all the uncertainty that comes with being a Volunteer, yoga is a reliable and comforting way to relax and release tension.

I have adapted a yoga routine to make it more acceptable to a small rural Costa Rican community. With my senior citizens women's group, the routine focuses on simple breathing and stretching exercises. The movements provide the women with an awareness of the connection between their physical and emotional beings as well as bring relief to their stiff and achy bodies. The breathing techniques have also aided them in handling daily stresses,

physical pain, and sleeping disruption. I was happy to see them so open to, and appreciative of, such a new experience.

The children in my community also benefit from various yoga classes. Most recently at a three-day health fair in my community, I led 30-minute yoga sessions focusing on yoga poses with animal names (e.g., lion's pose, frog pose, and the camel). Yoga was a great activity in this case because it was health focused and kept the children calmly entertained for a long period of time.

My fellow Volunteers also expressed interest in yoga and have invited me to bring yoga to their sites. I have written two yoga manuals in Spanish for easy application by Volunteers in their sites. The first manual, describes the first class I taught. I led 20 men, women, and children through a basic 10-pose routine, and their positive reaction was very encouraging.

The second manual is a stress-and-relaxation workshop. A fellow Volunteer and I collaborated to design the program for orphanage workers. First, I created a stress test to pinpoint what triggers stress for each person. Then the workshop moves



Kelly Rego, PCV in microenterprise development in Nicaragua, does the "lion's pose" with young children in Nicaragua.

on with three simple calming breathing techniques. Throughout the dialogue, there is an emphasis on how breathing affects our emotional states and the simplicity of lowering stress by focusing on one's breathing. We end the workshop with three basic yoga poses and a guided relaxation exercise.

Yoga has been an invaluable tool for me as a Peace Corps Volunteer. Personally, it has allowed me maintain a part of my

identity through a time of so much change. Professionally, by helping 70-year-old women sleep better, orphanage workers relax, adults reconnect, and children know their bodies, I feel I am contributing to the overall effort of building a healthier Costa Rica. Through engaging the mind-body connection, yoga moves beyond political and cultural divisions and revives the joy of being human, even as we hop like frogs and roar in a lion's pose.

VOLUNTEER VOICES

PCVs are Practicing Yoga on Every Continent ...



Women in Kazakhstan taking a summer yoga class taught by Volunteer Leah Forlivio, a university-level English teacher.

In seeking stories related to yoga from Volunteers around the world, we received an overwhelming response. From Costa Rica to Bulgaria, and from The Gambia to Morocco, Volunteers gave us their stories describing why yoga is uplifting for the mind and body.

In the Africa region, Volunteers told us about how they used yoga to improve their own mental outlook. In the Europe, Mediterranean, and Asia region and the Inter-America and Pacific region, PCVs shared stories about using yoga to promote health and physical education for women, youth, and disabled students. All regions pointed to the importance of yoga in developing life skills.

Here is what Volunteers and RPCVs had to say:

Yoga as a Process for Overall Well-Being

"Yoga is a really good way for me to get my day started. Even if I am extra tired and am lacking sleep, it doesn't take that much effort to roll myself out of bed and begin.

"My usual morning routine is a simple 15- to 20-minute 'mind and body awareness' stretching and breathing exercise that I can do with my eyes closed. Face the window when you do morning yoga, so when you finish and finally open your eyes, you're greeted by the morning sun.

"Doing some sort of exercise routine in the morning jump-starts your metabolism, and many yoga positions actually purify your digestive system, making yoga directly beneficial to your physical health as well."

—PCV Francesca Po, Kazakhstan

Yoga for Everyone

"My assignment [in the Philippines] was business advisor to a workshop for adults with disabilities. As business advisor, I had little to do with the vocational and life-skills training aspects of the workshop.

"Since I have no background in special education, I asked my supervisor if I could spend Tuesday mornings at my yoga session. She then showed me a presentation that discussed the experience of introducing Yoga to mentally challenged children.

"I wondered out loud whether we could do the same at our school, and the principal agreed. I started a [yoga] pattern that was repeated for all my classes, which were held about once a week. The students asked for yoga class more often, so clearly something was reaching them.

"It did [a lot] for me too because it gave me an avenue into relating to the students personally since I hadn't the background to help in the classroom."

—RPCV Judith Ahrens, Bulgaria, 2001-03; Philippines, 2005-07

The Practice of Yoga

"The practice of yoga allows us as Peace Corps Volunteers to find steadfast freedom so we can align with nature and serve the universe fully. Each day during service, I would steep myself intensely in the practice, especially focusing on my breath.

"With a clear intention, on each inhale, I would shine out and offer blessings to the people in my community, and on each exhale, I would bow to the beauty in my own heart."

—RPCV Jordan Mallah, Peru, 2003-05

Yoga for Life

"One day we discussed the idea of how to help the girls create a new ideology and to show them a new model for women in a leadership capacity. We discussed how to show them another way to see themselves as women in society in the 21st century.

"So we have started a project that is about that: helping women, through the practice of yoga, to understand that there are more opportunities for them, more choices, and we believe that with more choices, they will find the one that makes the most sense for them and their families."

—PCV Leah L. Forlivio, Kazakhstan

Crisis Corps—Staying Involved in HIV/AIDS After Peace Corps Service

Volunteers whose assignments included HIV/AIDS activities return home with a unique, grassroots understanding of the complex levels in which this disease has affected our world. This experience equips them with skills and knowledge desired by donor agencies, nongovernmental organizations and graduate programs focused on combating AIDS. Many HIV/AIDS workers fall into one of two groups: those seeking to nurture a career in the sector and those seeking to offer general support in addressing the pandemic. Not all jobs pursued by either group require a background in public health. Many job opportunities are parallel to those found in the typical corporate work environment. Computer specialists, fundraisers, educators/trainers, accountants, and writers are among many other commonly sought positions. To be most marketable, it is advisable to strengthen basic business skills while seeking increasing exposure to the HIV/AIDS field.

Joining Crisis Corps is one way to boost your market value in the industry while continuing to make a meaningful contribution to the fight against HIV/AIDS. Crisis Corps has been an integral part of Peace Corps' response to the HIV/

AIDS pandemic in many ways. More than 208 CCVs have worked in 18 countries on HIV/AIDS assignments.

As an HIV/AIDS-focused Crisis Corps Volunteer, you may provide consultant-level targeted experience to organizations that need help implementing particular programs, or you may work at the district level supporting a government's efforts to monitor and evaluate HIV/AIDS activities in that area. With the advent of PEPFAR, Crisis Corps has seen increased numbers of HIV/AIDS assignments. To apply for a Crisis Corps position as an HIV/AIDS Volunteer, visit: www.peacecorps.gov/crisiscorps.

PERSPECTIVES FROM FORMER CRISIS CORPS VOLUNTEERS

"Crisis Corps is like Peace Corps crammed into a much shorter period of time. It is just as intense and just as meaningful as two years of Peace Corps. I was working within the Rundu Regional Health Training Centre (a Ministry of Health nursing college), which is situated within the Rundu State Hospital. My project involved training the centre and hospital staff to use the video-conferencing equip-

Continued on page 8

(PCVs Make Hearth Work, cont'd from page 1)

PEACE CORPS AND THE HEARTH: A GREAT MATCH

In addition to the health and educational benefits that participants in the Hearth experience, Volunteers worldwide have also found the Hearth model to be an excellent way for them to facilitate a cultural exchange with local community members, and an effective way to improve their language skills.

Says Cathleen Prata, health Volunteer in Mali, "I do think the Hearth is effective. Behavior change is a process. Even if a woman rejects my information today, when it comes time for that woman's daughter to hear the information, it will not be such a foreign concept."

"I also try to make the Hearth fun; we dance and joke a lot. I've been trying to incorporate Moringa (a tree, whose leaves are edible and full of nutrients) into my health messages as it grows quickly and easily in the heat. We have some growing in the women's garden in my village."



Mother and child participating in a Hearth model program in Mali.

The preparation and 12-day intervention is time intensive and demanding, however the rewards can be large in terms of the positive relationships that are cultivated, and the progress made in improving health and hygiene practices in the Volunteer's community.

"The Hearth has been my most rewarding project to date."

RPCV Julie Viner, Guinea 2001-2003

ICT Story Contest—Congratulations to the Finalists!



The Peace Corps held the first annual Peace Corps and National Peace Corps Association information and communications technology (ICT) story contest between October 2006 and January 2007. We received 23 Volunteer submissions from 18 countries, all illustrating the exciting work of Volunteers using ICTs (e.g., radio, video, cellphones, computers and/or Internet) to assist individuals and community organizations across all sectors and project activities.

Three of the finalists were invited to participate in a UN Conference on Youth and ICT as Agents of Change in Septem-

ber 2007. This forum provided them an opportunity to share and receive information on innovative ICT-enabled work from the international participants who attended this global forum.

Three finalists were chosen, one from each region:

- **"Nata Website Makes a Difference,"** *Melody Jenkins, Health PCV, Botswana*
- **"The Global Village,"** *Brian Jordan, TEFL PCV, Bulgaria*
- **"Ancient Navigators of the Pacific,"** *Sarah Klain, Natural Resources PCV, Palau*

Excerpt from "Nata Website Makes a Difference":

In May of 2005, I was placed in the small village of Nata, Botswana, to work as a community capacity builder for people living with HIV/AIDS.

I quickly learned that Botswana has the second highest HIV-infection rate in Africa. Of the pregnant women in Nata, 50 percent of them are HIV-positive. Botswana rolled out its antiretroviral (ARV) program in 2003 for all people with a CD4 count of less than 200. The ARVs are giving so much hope to people with AIDS. People seem to come back from the dead after taking them.

The problem in Nata is that we are 60 miles from the ARV clinic. Most villagers make less than \$2 per day and can't afford the bus fare to reach the ARV clinic. It became clear that people were dying because they could not afford the \$4 bus fare to get to the ARV clinic. After starting a few grassroots fundraising projects, I realized we needed something more.

After living in the village for more than six months, I had a chance meeting with Jon, a Canadian tourist, who happened to be an IT specialist and TV producer. After getting permission from the village leadership, Jon was allowed to take videos of the village. He then offered to design a website for the village if I could serve as the technical advisor and recruit bloggers. We met with the only local businessman with an Internet connection and a laptop to get his support, and he generously allowed us use of his laptop, Internet connection, and office. We felt we could raise money to help the people living with AIDS get to the ARV clinic and at the same time give people an inside look at the AIDS pandemic.

The website, natavillage.org, was launched on March 4, 2006. To date we have raised more than \$10,000. The Nata AIDS and Orphan Trust was formed with a six-member local board of trustees that manages the funds from the website. We

support the Ntwakgolo support group which is a support group for people living with AIDS. We provide free transport for every member to reach the ARV clinic in Gweta.

We recently purchased uniforms for members of the group. They chose the slogan on the back which reads: "Plan now, Test today, Live Openly with ARVS." We also support Mabogo Arts and Culture Productions. They are an out-of-school, out-of-work youth group that provides HIV/AIDS education through singing, dancing, and dramas.

We have been recognized in the national newspapers of Botswana three times and have twice been featured on national radio. We were also profiled on the Internet show called Rocketboom and were also on Current TV in 30 million households. The Gap selected one of our videos for their RED campaign. The entire village is proud to be the first village in Botswana with a website.

The project is sustainable as local people have been trained to carry on when I leave. The website is a source of pride and the locals are unwilling to lose it. Anyone with an IT background could replicate what we have done. If you'd like to learn more, please visit us at www.natavillage.org.

Notes

GUYANA

Internet Aid

Until June 2007, the island located near the Essequibo River in Guyana where PCV Erin Rowe is serving did not have access to computers. Support from PEP-FAR and the local community yielded a computer lab at the Essequibo Islands Secondary School. The response from students and the community was overwhelming. The lab provides increased resources and research materials to students and the community, allowing users to privately search for information on sensitive topics such as HIV/AIDS. Web browsers are set to the Guyana Ministry of Health's webpage for HIV/AIDS. The lab also helps people gain skills that make them more competitive in the workplace.

GHANA

Patrick Choquette "Enstooled" as a Chief

Patrick Choquette recently closed service as a Volunteer in Ghana where he served as a science teacher. As part of the send-off reception in his community, Patrick was "enstooled" as a *nana* (Twi for "chief"). Ghana Country Director Bob Golledge said Patrick "had a great impact on the community with his teaching, giving extra-help classes, living with a family, coaching boys' and girls' basketball, and being a positive role model and member of the community."



Recently COS'ed Volunteer Patrick Choquette



from the field

KENYA

Becoming Tech Savvy Overseas

Computer experience is required for most skilled labor jobs in Kenya; however, computer education is hard to come by. PCV Theresa London worked on creating a computer-based training program that would allow students to learn how to use the computer at their own pace. After one and a half years of hard work, Theresa finished her program: "I Can Teach Myself! Learning the Computer." It teaches Microsoft applications from beginning to advanced lessons. Today, students, school staff, and even computer teachers in Kenya are using Theresa's free program.



Learning computer skills in Kenya

MOZAMBIQUE

HIV/AIDS 101

Panel discussions were held recently in Mozambique with First Lady Laura Bush. She met with the First Lady of Mozambique, Maria da Luz Guebuza, and several women. Participants were asked for thoughts on three pandemics that greatly affect women. They said, "violence, HIV/AIDS, and malaria." PCVs Maggie Vallejos and Kris Cronin developed a project for girls called Raparigas Em Desenvolvimento, Educação e Saúde or REDES. Its goal is to prevent HIV/AIDS among youth through an annual girls' conference, along with technical and financial support for girls' groups in schools. REDES has been very effective in promoting self-esteem and women's health. "This project holds a special part in my heart," Maggie said. "I've been fortunate enough to see some of the impact it has had in the rural community I'm in."

ALBANIA

Brush Up!

The Albanian dental awareness campaign, "Brush Up, Gjirokaster!" ran from May 14-June 1. PCVs Stacey Hull and Brooke Logan played an integral role in

the event. They created and distributed more than 800 dental surveys. "One thing we educated them about was floss," Hull noted. "We showed them what it is, where to get it, how to use it, and why it's important. It was great awareness building." The campaign's last event featured tour stations in town manned by dentists and volunteers from several organizations. Flyers and samples were distributed as dentists performed mouth exams. The Albanian Dental Association donated 2,700 informational flyers, which were designed by PCVs Stacey Hull and Margaret Sheridan.

ROMANIA

Intellectual Stimulation

Few people in Romania treat those with intellectual disabilities as equals. PCV Jonathan Rolbin works with the NGO Pentru Voi, which operates two centers for 144 adults with intellectual disabilities. Intent on changing this behavior, he organized a social awareness walk, supported by Nike USA. Participants started at the grand cathedral in town, welcomed by news correspondents and applauded by the mayor. "This walk has become more than just spreading the message of the need for social inclusion for persons with disabilities," says Jonathan. "I feel more included as well. Walking with the beneficiaries of Pentru Voi has helped me make new friendships and feel a stronger sense of community."



Volunteer Jonathan Rolbin with walkers wearing T-shirts and caps provided by Nike USA

RECIPES

POTATO SOUP

INGREDIENTS:

1 small onion, 1 rib of celery
Butter or vegetable oil
2 medium to large potatoes

DIRECTIONS:

Chop the onion and sauté with a tablespoon or so of oil, in the bottom of a large pot, stirring often. Add some water after the onions are translucent (so they don't burn). Cut potatoes into bite-sized cubes, and add to onions. Add enough water to cover the potatoes. Boil 15 minutes, or until the potatoes are "fork-tender." Thicken with some milk, or a roux, season with salt and pepper, and you've got a basic potato soup. To personalize, add whatever vegetables or meat are locally available.

FROM RPCV PATTI JAHN (MAURITANIA, 1990-92)

Prep Time: 15 min. Cook Time: 20 min.

Milk (for thickening)
Seasonings (salt, pepper, etc.)

(Crisis Corps, cont'd from p.7)

ment and to help develop a national plan to use the equipment."

—Aimee Fregeau, RCCV Namibia, RPCV Ghana (1999-01)

"Being a Crisis Corps Volunteer was a wonderful unique opportunity that allowed me to apply the knowledge I had from my previous Peace Corps service and learn new information and skills applicable to my interest in education, health, and sub-Saharan Africa. In just a few months, I trained 115 teachers from 75 schools to be HIV/AIDS resources in their communities and institutions."

—Alison Pflapsen, RCCV Namibia, RPCV Senegal (2000-03)



NEXT ISSUE: PREPARING FOR EARTH DAY

Please send us your stories and ideas related to the environment or natural resource management. See our contact information at right.

Peace Corps Times

A publication for Peace Corps Volunteers serving worldwide

Do you have something to share about your Volunteer experience? We welcome all Volunteer submissions and suggestions. Send your inquiries to:

Peace Corps Times
c/o Press Office
Paul D. Coverdell
Peace Corps Headquarters
1111 20th St NW
Washington DC 20526
or email
pctimes@peacecorps.gov

STAFF

Amanda H. Beck	Press Director
Josie Duckett	Deputy Press Director
Laura Lartigue	Editor
Erika Eckstrom	Writer
Samantha Solleveld	Writer
Mary Pappin	Writer
Praya Baruch	Contributor

Says Patti: "While a Volunteer in Mauritania in the 90s, I made this easily from the slim pickings in the Nouakchott market. I have added fresh clams (clam chowder!) from the beach, cumin, ham, replaced the celery with swiss chard stems, etc. If you make the soup with chicken broth and leeks and put it through a ricer or a blender, you can call it 'vichyssoise.'"